


SERIAL NUMBER 09/372,636		FILING DATE 08/11/99		CLASS 164	GROUP ART UNIT 1722 1725	ATTORNEY DOCKET NO. 364/56	
APPLICANT	WOLFGANG HORNSCHEMEYER, OSNABRUCK, FED REP GERMANY; GERHARD HUGENSCHUTT, BELM, FED REP GERMANY; DIRK RODE, OSNABRUCK, FED REP GERMANY; HECTOR VILLANUEVA, OSNABRUCK, FED REP GERMANY; DECEASED; BY ELISABETH BREULMANN DE VILLANUEVA, OSNABRUCK, FED REP GERMANY, LEGAL REPRESENTATIVE.						
	CONTINUING DOMESTIC DATA*** VERIFIED THIS APPLN IS A CON OF 09/237,803 01/27/99 ABN <u>yes</u> / KPK						
	371 (NAT'L STAGE) DATA*** VERIFIED <u>none</u>						
	FOREIGN APPLICATIONS*** VERIFIED FED REP GERMANY 198 02 809.1 01/27/98 <u>yes</u> / KPK						
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/26/99							
ADDRESS	Foreign Priority claimed 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>KPK</u> Examiner's Initials _____ Initials _____				STATE OR COUNTRY DEX	SHEETS DRAWING 2	TOTAL CLAIMS 15
							INDEPENDENT CLAIMS 1
TITLE	KENYON & KENYON ONE BROADWAY NEW YORK NY 10004						
	LIQUID-COOLED CASTING DIE						
FILING FEE RECEIVED \$890		FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

Issue Classification 	Application No.	Applicant(s)	
	09/372,636	HORNSCHEMEYER ET AL.	
	Examiner	Art Unit	
	Kevin P. Kerns	1725	

ISSUE CLASSIFICATION											
ORIGINAL					CROSS REFERENCE(S)						
CLASS		SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
164		418			164	443					
INTERNATIONAL CLASSIFICATION											
B	2	2	D	11/04							
				/							
				/							
				/							
				/							
(Assistant Examiner) (Date) <i>g1</i> <i>2/25/05</i> (Legal Instruments Examiner) (Date)					<i>Kevin Kerns 2/19/05 AU 1725</i> Kevin P. Kerns 2/19/05 (Primary Examiner) (Date)					Total Claims Allowed: 49	
										O.G. Print Claim(s)	O.G. Print Fig.
										1	1, 3

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant										<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
1	1	28	31		61		91		121		151		181		
2	2	29	32		62		92		122		152		182		
3	3	30	33		63		93		123		153		183		
4	4	31	34		64		94		124		154		184		
5	5	32	35		65		95		125		155		185		
6	6	34	36		66		96		126		156		186		
7	7	35	37		67		97		127		157		187		
	8	33	38		68		98		128		158		188		
	9	36	39		69		99		129		159		189		
9	10	37	40		70		100		130		160		190		
10	11	38	41		71		101		131		161		191		
8	12	39	42		72		102		132		162		192		
	13	40	43		73		103		133		163		193		
11	14	41	44		74		104		134		164		194		
12	15	42	45		75		105		135		165		195		
13	16	43	46		76		106		136		166		196		
14	17	44	47		77		107		137		167		197		
15	18	46	48		78		108		138		168		198		
16	19	47	49		79		109		139		169		199		
17	20	45	50		80		110		140		170		200		
18	21	48	51		81		111		141		171		201		
19	22	49	52		82		112		142		172		202		
20	23		53		83		113		143		173		203		
22	24		54		84		114		144		174		204		
23	25		55		85		115		145		175		205		
21	26		56		86		116		146		176		206		
24	27		57		87		117		147		177		207		
25	28		58		88		118		148		178		208		
26	29		59		89		119		149		179		209		
27	30		60		90		120		150		180		210		